



					Offer Acceptance Date	
Job Class		Job Title		Department		Requisition #
Employee Name			Extension	Social Security #	Supervisor Name	Extension
<input type="checkbox"/> Internal Transfer <input type="checkbox"/> External Posting <input type="checkbox"/> Supplemental Labor				Length of Employment		

ESSENTIAL	Constantly	Frequently	Occasionally
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For items marked with an asterisk (*) see "Other Comments" section on Page 2.

GENERAL WORK ENVIRONMENT

E	C	F	O		E	C	F	O	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	outdoors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a very hot environment >100° F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in confined space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a hot environment 90° – 100°F
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	at heights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in widely ranging ambient temperatures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	underground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a wet or humid environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	at high or low atmospheric pressure*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a dry environment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	in a cold environment					

WEIGHT HANDLING REQUIREMENTS

E	C	F	O		E	C	F	O	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lifting 1 to 5 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carrying 1 to 5 pounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lifting 5 to 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carrying 5 to 10 pounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lifting 10 to 20 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carrying 10 to 20 pounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lifting 20 to 30 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carrying 20 to 30 pounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lifting 30 to 50 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carrying 30 to 50 pounds
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	lifting 50 pounds or more*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	carrying 50 pounds or more*

GENERAL PHYSICAL MOBILITY

E	C	F	O		E	C	F	O	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	stooping
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crouching
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	kneeling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	crawling
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	climbing stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	twisting the trunk or back
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	climbing ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	balancing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	rapid mental-muscular coordination

SPECIFIC PHYSICAL MOBILITY

E	C	F	O		E	C	F	O	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reaching overhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pulling with the hands or arms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reaching horizontally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	typing or keyboarding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	reaching down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	fingering tasks (fine motor control)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	gripping with the hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	use of both hands
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	applying torque with the hands or arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	use of both arms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pressing with the hands or arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	use of both legs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	pushing with the hands or arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	use of both feet

SPECIFIC ENVIRONMENTAL HAZARDS

E	C	F	O		E	C	F	O	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	noisy environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	near sources of nonionizing radiation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	unusual lighting conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	with weapons or explosives
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	near electric power supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	with vibrating equipment or machinery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	with biologic or infectious agents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	near machinery with moving parts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	near sources of ionizing radiation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____



Job Class	Job Title	Department	Requisition #
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ESSENTIAL
Constantly
Frequently
Occasionally

For items marked with an asterisk (*) see "Other Comments" section on Page 2.

CHEMICAL HAZARDS
E
C
F
O
☐
☐
☐
☐

with toxic chemicals*

☐
☐
☐
☐

with irritant chemicals*

☐
☐
☐
☐

with dusts or powders

☐
☐
☐
☐

with sprays, mists, or vapors*

E
C
F
O
☐
☐
☐
☐

with fumes*

What processes will the employee be working with?

PERSONAL REQUIREMENTS
E
C
F
O
☐
☐
☐
☐

working alone

☐
☐
☐
☐

working in high-stress situations*

☐
☐
☐
☐

working in emergency situations*

☐
☐
☐
☐

working overtime or irregular schedule*

☐
☐
☐
☐

working off-shift/rotating schedule

☐
☐
☐
☐

supervision of other employees

☐
☐
☐
☐

good communication skills

E
C
F
O
☐
☐
☐
☐

specific knowledge or education*

☐
☐
☐
☐

learning ability

☐
☐
☐
☐

operation of motor vehicles

☐
☐
☐
☐

operation of specialized heavy equipment

☐
☐
☐
☐

special certificates or licenses*

☐
☐
☐
☐

Commercial Driver's License required

VISION, SPEECH, AND HEARING
E
C
F
O
☐
☐
☐
☐

color discrimination

☐
☐
☐
☐

peripheral vision

☐
☐
☐
☐

depth perception

☐
☐
☐
☐

binocular vision

☐
☐
☐
☐

good reading vision

E
C
F
O
☐
☐
☐
☐

good distance vision

☐
☐
☐
☐

ability to speak clearly

☐
☐
☐
☐

ability to discriminate speech

☐
☐
☐
☐

ability to hear high-pitched sounds

☐
☐
☐
☐

ability to detect odors

PROTECTIVE CLOTHING AND EQUIPMENT
E
C
F
O
☐
☐
☐
☐

headgear or head protection

☐
☐
☐
☐

safety glasses or eye protection

☐
☐
☐
☐

face shield or facial protection

☐
☐
☐
☐

hearing protection

☐
☐
☐
☐

mask or respirator*

E
C
F
O
☐
☐
☐
☐

gloves or hand protection

☐
☐
☐
☐

safety shoes or protective footwear

☐
☐
☐
☐

protective shielding of body/torso

☐
☐
☐
☐

total environmental isolation garment

***OTHER
COMMENTS**

Attach job or position description. Provide specific information about tasks, hazards, or environmental conditions, including required hours per day and days per week, for items marked with an asterisk (*).

FOR RED/HSD USE ONLY

Employment Representative	Requisition #	HSD Examiner	Exam Date
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